



Safeguarding Supervision Policy (Provision of Safeguarding Support and Guidance)

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1. Statement of Aims and Objectives

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing high quality patient care and a safe and supportive working environment for all staff and volunteers.
- 1.2. This policy is applicable to all staff within the trust who have direct or indirect patient contact and sets out the support the trust can offer the workforce to effectively fulfil their responsibilities to safeguard patients and their families.
- 1.3. Safeguarding supervision offers an opportunity for containment, giving individuals the time to reflect on their practise and critically discuss cases or concerns with a suitably qualified supervisor. It is not supervision in the managerial sense.
- 1.4. Supervision aims to; ensure individuals have clarity with regards to their role and responsibilities, advocate best practice, encourage learning and development, support individuals in identifying the emotional impact of their work, develop a climate of exemplar practice and provide a safe environment where trust and confidentiality are appropriately maintained.
- 1.5. Safeguarding supervision in the Trust is not punitive nor is it linked to appraisal, Human Resources, pay progression or performance management.
- 1.6. The Trust will provide access to safeguarding supervision for all employees. Some staff groups will have mandatory supervision; all others have the opportunity to access ad-hoc supervision as and when it is required. For this latter group, it is the responsibility of the individual to seek safeguarding supervision as detailed in Appendix A.

2. Principles

- 2.1. The importance and provision of effective supervision is well documented in national guidance and statute to promote good standards of practice and assist individuals in making sound professional judgements. These include the Victoria Climbié Inquiry (Lord Laming, 2003), Working Together to Safeguard Children (HM Government, 2018) and the Care Act 2014 (Care and Support Statutory Guidance, Department of Health 2017).
- 2.2. The essence of good safeguarding supervision is supporting the capacity of the individual to think, reflect and develop their own solutions (Wonnacott and Wallbank 2016).
- 2.3. Section 11 of the Children Act 2004 sets out a statutory requirement that organisations should have in place arrangements '*that reflect the importance of safeguarding... Including appropriate supervision and support for staff, creating an environment where staff feel able to raise their concerns and feel*

supported in their safeguarding role' (Working together to Safeguard Children 2018).

- 2.4. The type of safeguarding supervision required by individuals will depend upon their roles, responsibilities and individual needs. Supervision may be individual (one to one) or facilitated through group supervision.
- 2.5. Safeguarding supervision does not replace any restorative or clinical supervision already in place for staff groups. For example, wellbeing and mental health practitioners will have mandatory clinical supervision in place. Safeguarding supervision can be accessed by these groups on an ad hoc basis when a need is identified.
- 2.6. If individuals require safeguarding supervision or their line managers identify a need for it, the safeguarding team can be contacted, and this will be arranged on request.
- 2.7. For those receiving mandatory supervision (see [Appendix A](#)), sessions will be scheduled in advance in consultation with you.
- 2.8. Safeguarding supervision may be requested by emailing sgsupervision@secamb.nhs.uk. A qualified supervisor will respond to your request within 5 working days. Please indicate your availability in your initial email, as well as any adjustments that you may require, e.g. a wheelchair accessible meeting room.

3. The Supervision Session

- 3.1. The supervision session will be at a mutually agreed time and location. If both parties are satisfied that it would be appropriate, telephone or skype may be a viable and cost saving alternative. It will usually be one hour in duration.
- 3.2. The session will be structured using the Restorative Safeguarding Supervision Model (Wallbank and Wonnacott 2016). This model is felt to be ideal as it focuses on restoring the individual's capacity for critical thinking by reducing professional anxiety. This does not duplicate managerial supervision. The supervision cycle is developed from Kolb's learning cycle, emphasising the importance of development. See [Appendix C](#) for further information.
- 3.3. Supervisors and Supervisees will be required to agree to a supervision agreement ([Appendix B](#)).
- 3.4. An agreement is an important part of the process as it serves to establish the meaning of supervision, clarify roles and responsibilities, establish the boundaries of the supervisory relationship, establish the importance of acknowledging the emotional aspect of safeguarding and ascertain what the supervisee should do if they have any concerns regards their supervision.

The supervision agreement and any notes will be securely stored by the safeguarding team.

- 3.5. Supervisees should identify a case or associated issue to discuss in advance of the supervision session.
- 3.6. Anything discussed between the Supervisor and Supervisee within the framework of safeguarding supervision is confidential and information sharing requires the consent of both parties. This does not apply if during supervision, a risk to others is identified. If this is the case the supervisor would be expected to share their concerns with the supervisee and wherever possible work collaboratively with them to escalate their concerns.
- 3.7. Any outstanding 'work' that is not completed during the supervision session should be discussed as an action point to be added to the plan on the supervision agreement.
- 3.8. Possible actions might be; offering further supervision, signposting to another service, completing a safeguarding referral if an issue is identified where one has not been done, or referring for further training and development.

4. Definitions

- 4.1. **Supervision** – A structured process whereby a supervisor meets with an individual to allow that person to reflect upon their safeguarding practice and assist with concerns that may require resolution.
- 4.2. **Supervisor** – An appropriately qualified and experienced member of staff who facilitates supervision.
- 4.3. **Supervisee** – The individual receiving supervision. The supervisee may be responsible for any agreed actions that emerge from supervision.
- 4.4. **Employee / Staff** - Includes all paid employees, trainees, apprentices, bank staff, secondees and temporary staff. Students should have opportunities to access supervision via their practice educator or educational establishment.

5. Responsibilities

- 5.1. The Director of Nursing and Quality has overall responsibility for the safeguarding function and ensuring the trust is compliant with all statutory safeguarding requirements.
- 5.2. The Nurse Consultant for Safeguarding and the Safeguarding Lead are responsible for ensuring the trust is compliant with best practice in safeguarding, including provision of safeguarding supervision arrangements that fit the profile of the trusts safeguarding activity.

- 5.3. Supervisors (nurse consultant for safeguarding, safeguarding lead, safeguarding practitioners) are responsible for delivering safeguarding supervision in accordance with this policy and that set out in [Appendix A](#). The supervisor is accountable for the advice they give.
- 5.4. Supervisees (all staff) are responsible for accessing safeguarding supervision when a need is identified, or (if applicable to their role) to engage in mandatory safeguarding supervision. The supervisee is accountable for their own practice.
- 5.5. Line Managers are responsible for signposting and supporting individuals to access safeguarding supervision.

6. Education and training

- 6.1. Those providing safeguarding supervision must have received safeguarding supervision training from an appropriately qualified and vetted training provider. There is no national standard for this training, but it would be expected that it is delivered by professionals with significant experience in safeguarding and providing supervision. It should be of no less than one day in duration and dedicated solely to the provision of safeguarding supervision.
- 6.2. Those providing supervision must have safeguarding training to level 3 (as defined in Safeguarding Children and Young People – Roles and Competencies for Healthcare Staff 2019).
- 6.3. Those providing safeguarding supervision must receive regular supervision of their own.

7. Monitoring compliance

- 7.1. The Safeguarding Lead is responsible for ensuring all those who require mandatory supervision are offered supervision at the required intervals ([Appendix A](#)) and are accessing it appropriately.
- 7.2. The Safeguarding Lead is responsible for ensuring that supervisors adhere to part B of the supervision agreement ([Appendix B](#)).
- 7.3. Non-compliance with this policy regarding offering supervision or part A of the supervision agreement will be addressed with the supervisor and may be addressed as a disciplinary issue; for example, if a supervisor failed to maintain confidentiality with no appropriate justification.

8. Audit and Review (evaluating effectiveness)

- 8.1. Audits on the effectiveness of safeguarding supervision will be carried out where required and this will be driven by feedback provided by Supervisees and any trends appearing in agreed action points from safeguarding supervision. Audits will not contain identifiable information.
- 8.2. All policies have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 8.3. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 8.4. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 8.5. All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.

9. References

- Wannacott,J and Wallbank, S (2015) *The integrated model of restorative supervision for use within safeguarding* Community Practitioner 88(5) pp 41-45
- Wannacott,J and Wallbank, S (2016) *Safeguarding Restorative Supervision – Supporting Supervisors to Work Confidently with Emotion and Challenge in Safeguarding.*
- HM Government (2018) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children.*

Appendix A – Supervision Requirements Matrix

| Role / Group | Type and Format of Safeguarding Supervision | Supervisor | Number of Sessions (Per Year) |
|---|---|---------------------------------|-------------------------------|
| Safeguarding Nurse Consultant | Mandatory | External Provider | 4 |
| Safeguarding Lead | Mandatory | External Provider | 4 |
| Safeguarding Practitioner | Mandatory | Safeguarding Nurse / Lead | 4 |
| Safeguarding Co-Ordinator | Mandatory | Safeguarding Practitioner | 4 |
| Freedom to Speak Up Guardian | Mandatory | Safeguarding Nurse / Lead | 4 |
| Frequent Caller Team | Mandatory | Safeguarding Practitioner | 2 |
| Operational Staff, EOC and 111 | On Request | Trained Safeguarding Supervisor | Ad Hoc |
| Wellbeing Practitioners, HR, all other roles within the Trust | On Request | Trained Safeguarding Supervisor | Ad Hoc |



Appendix B – Supervision Agreement

Safeguarding Children and Vulnerable Adults: Safeguarding Supervision Agreement and Action Plan

Part A – Supervisees Commitments

- To bring to the session a case involving children, vulnerable adults or concerns that I want to discuss.
- To take responsibility for making effective use of the supervision time and ensuring any action points I commit to are delivered on.
- To protect time for supervision and ensure appointments are maintained wherever possible.

Part B – Supervisors Commitments

- To assist the supervisee to explore and reflect on issues raised within the meeting, and to focus on the discussion points negotiated at the beginning of the session.
- To assist the supervisee to clarify their role and responsibilities in safeguarding children and vulnerable individuals.
- To maintain confidentiality and only disclose information shared by the supervisee when;
- A risk to others (patients, colleagues, public) is identified.
- As part of an agreed action plan with the consent of the supervisee.
- An issue related to professional practice is identified but this cannot be addressed within the confines of the session. In this case escalation to a senior member of the safeguarding team or the supervisees line manager may be required.

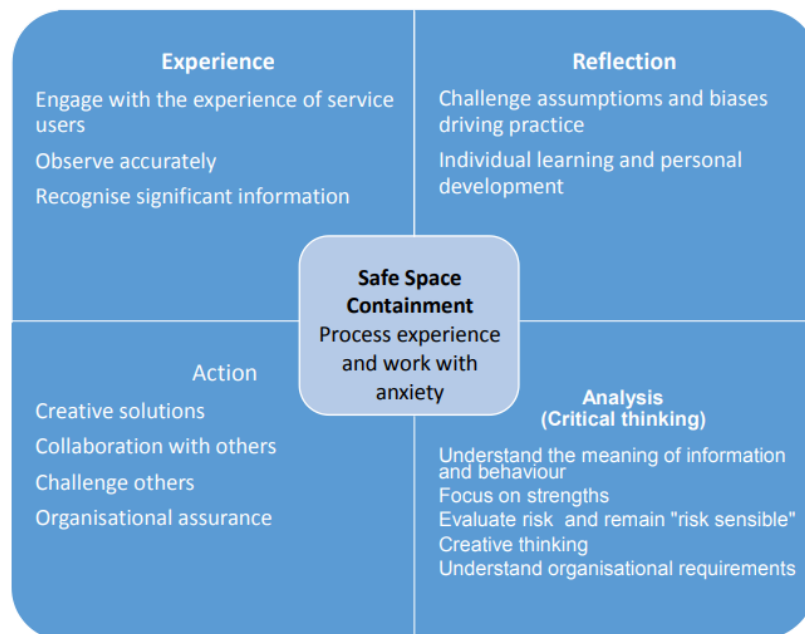
Part C – Joint Commitments

- To work together in a professionally respectful way, having open and constructive dialogue and ensuring feedback is acted upon.

| Supervisor Signature | | Supervisee Signature | |
|----------------------|--|----------------------|-----------------|
| Date | | Location | |
| Agreed Action Points | | By Whom? | Completion Date |
| 1 | | | |
| 2 | | | |
| 3 | | | |

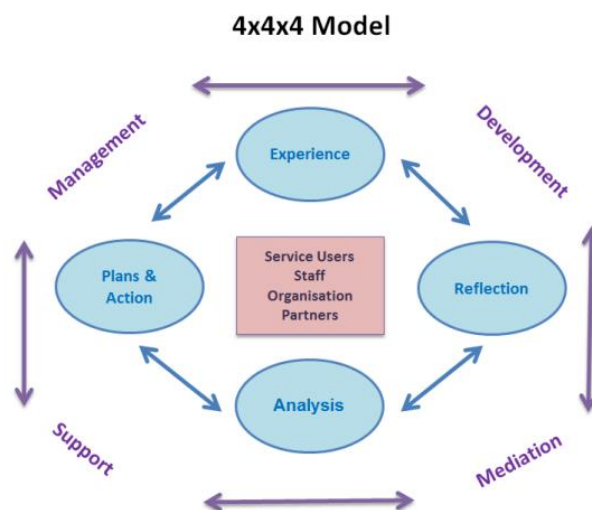
Appendix C – Supervision Cycles

SRS Model



<http://www.in-trac.co.uk/wp-content/uploads/2016/04/SRS-background-paper-March-2016-V021.pdf>

4x4x4 Model



Adapted from Morrison, 2005